MAR 0 4 2009

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 4, 2009

Wayne L. Hammon, Administrator
Division of Financial Management
Executive Office of the Governor

HAND DELIVERED

Dear Mr. Hammon:

Enclosed is a summary of the impact of the American Recovery and Reinvestment Act of 2009 relating to the Department of Health & Welfare. This document identifies the federal funds available from the Act as requested in Executive Order No. 2009-06. If you require additional information on these documents, please contact me or Ike Kimball at 334-0635.

Sincerely,

RICHARD ARMSTRONG
DIRECTOR

RA/ik

Enclosure

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Program: Federal Medical Assistance Percentage (FMAP) – Division of Medicaid

Location in Bill (Title & Section): Division B, Title V, Section 5001

Application Required: No

Amount of Federal funding anticipated:

See Appendix B for a full reconciliation of the impact of FMAP to the Department.

General Increase to FMAP: Each state is eligible for a 6.2% increase beginning October 1, 2008 through December 31, 2010.

Unemployment Increase to FMAP: An additional percentage is added for high unemployment states – states whose quarterly unemployment rates increase at least 1.5 percentage points over their lowest three-month average unemployment rate since January 2006. This additional percentage is calculated by multiplying the state share (100% - FMAP) by the state unemployment factor. The level of adjustment is tiered, with the factor equal to:

- 5.5% if the state unemployment increase percentage is at least 1.5 but less than 2.5 percentage points;
- 8.5% if the state unemployment increase percentage is at least 2.5 but less than 3.5 percentage points;
- 11.5% if the state unemployment increase percentage is at least 3.5.

For the additional unemployment percentage factor, this calculation assumes that Idaho will be in the middle tier for two quarters and in the third (worst) tier the remainder of the quarters.

Hold-Harmless Increase to FMAP: The state will also benefit from a hold-harmless clause in this section. This benefit amounts to a 0.1% increase to FMAP.

The following is a table of the estimated FMAP for SFY09 and SFY10:

	SFY 2009	SFY 2010
Quarter 1	69.87%	79.17%
Quarter 2	78.36%	79.17%
Quarter 3	78.36%	79.17%
Quarter 4	79.17%	79.17%
Blended SFY Rate	**76.44%**	**79.17%**

For Idaho, the anticipated federal funds from the stimulus package are as follows:

SFY09: $74,213,600
SFY10: $112,088,300
SFY11: $61,648,600 (estimated at ½ SFY10 plus 10% for caseload inflation)

However, due to a previously projected deficit and budget holdbacks in the Medicaid program, the additional federal fund spending authority required is:

SFY09: $137,731,100
SFY10: $198,018,300
SFY11: $108,910,100 (estimated at ½ SFY10 plus 10% for caseload inflation)

The increased FMAP does not apply to disproportionate share hospital (DSH), State Children's Health Insurance Program (SCHIP), family planning services, breast/cervical cancer options and services for Native Americans (Indian Health Services).

Timeframe for receipt of funds: 10/1/08 through 12/31/10

Existing or new federal program: Existing

State funding impact:

SFY09:
The Medicaid program was projecting a deficit in T&B for SFY09 and had submitted a request for supplemental funding. The stimulus bill will provide funds that will cover this projected deficit. Additionally, the Department is projecting to be able to return $52,332,000 to the State General Fund for SFY09 (see requirements below). Without the projected deficit, the Department would be able to return $74,213,600 to the State General Fund.

SFY10:
The Medicaid program was also projecting a deficit in T&B for SFY10. The stimulus bill will provide funds that will cover this projected deficit. Additionally, the Department is projecting to be able to return $73,217,400 to the State General Fund for SFY10 (see requirements below). Without the projected deficit, the Department would be able to return $112,088,300 to the State General Fund.

SFY11:
The enhanced FMAP is effective through December 31, 2010, so there will be an impact of the stimulus bill for one half of SFY11. The Department estimates that the SFY11 savings will be needed to cover SFY10 and SFY11 caseload growth. At this point, the Department does not project any of these funds to be available for the State General Fund.

Additional federal spending authority required: Yes. The Department will need $137,731,100 in federal spending authority for SFY09 and $198,018,300 for SFY10. This increase in federal funds is separate from the current decision unit in the Governor's Recommendation for the FMAP change.

Additional FTE and purpose: None.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):

Funds may not be deposited or credited into any reserve or rainy day fund of the State.

Federal funds end date: December 31, 2010

Spending plan to include how the agency will address the absence of funding after it ends: At the end of the recovery period (December 31, 2010), the FMAP will be return to its existing levels and the Department will require additional general funds to maintain the program. Because stimulus funds are temporary in nature, the Medicaid program is planning to continue the reductions identified in the budget holdbacks.

Program: Federal Medical Assistance Percentage (FMAP) – Division of Behavioral Health, Division of Family & Community Services (FACS)

Location in Bill (Title & Section): Division B, Title V, Section 5001

Application Required: No

Amount of Federal funding anticipated:

See Appendix B for a full reconciliation of the impact of FMAP to the Department.

	SFY 2009	SFY 2010	SFY 2011
Idaho State School & Hospital	1,505,300	2,470,300	1,235,200
State Hospital South	399,300	581,500	290,800
Foster & Assistance Payments	335,000	466,300	233,200
Childrens Mental Health	9,000	12,500	6,200
Substance Abuse	35,900	87,200	43,600
	2,284,500	3,617,800	1,809,000

SFY 2011 impact will be approximately half of the SFY 2010 impact. The unemployment factor is not applicable to title IV-E programs (Foster & Assistance Payments and Children's Mental Health). The unemployment factor is included in the Idaho State School & Hospital and State Hospital South projections. This factor has three applicable tiers reflecting expected severity of unemployment within the state. This calculation assumes that Idaho will be in the middle tier for two quarters and in the third (worst) tier the remainder of the quarters.

Timeframe for receipt of funds: 10/1/08 through 12/31/10

Existing or new federal program: Existing

State funding impact:

The change in the FMAP will result in General Fund savings.

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	SFY 2009	SFY 2010	SFY 2011
Idaho State School & Hospital	(1,505,300)	(2,470,300)	(1,235,200)
State Hospital South	(399,300)	(581,500)	(290,800)
Foster & Assistance Payments	(335,000)	(466,300)	(233,200)
Childrens Mental Health	(9,000)	(12,500)	(43,600)
Substance Abuse	(35,900)	(87,200)	(43,600)
	(2,284,500)	(3,617,800)	(1,846,400)

SFY 2011 impact will be approximately half of the SFY 2010 impact.

The Department would like to retain the general fund savings from the FMAP change in the Foster & Assistance Payments program. The Department has a statistical model which correlates Food Stamp caseload growth with increasing out of home placements. The model projects a caseload increase of 9% in SFY10 and as much as 22% for SFY11. The general fund requirements for those increases would be $650,800 and $1,708,200, respectively.

If these general funds are retained within the Foster & Assistance Payments program, the projected FMAP benefit of $466,300 for SFY10 and $233,200 for SFY11 would fund caseload increases of 6.5% and 3.2% respectively.

Additional federal spending authority required: The Department will need federal spending authority in the amounts listed in the above table.

Additional FTE and purpose: None.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):

Funds may not be deposited or credited into any reserve or rainy day fund of the State.

Federal funds end date: December 31, 2010

Spending plan to include how the agency will address the absence of funding after it ends: At the end of the recovery period (December 31, 2010), the FMAP will be return to its existing levels and the Department will require additional general funds to maintain these programs. Because stimulus funds are temporary in nature, these programs are planning to continue the reductions identified in the budget holdbacks.

Program: Child Support

Location in Bill (Title & Section): Division B, Title II, Subtitle B, Section 2104

Application Required: No

Amount of Federal funding anticipated:

Each year the state receives an incentive payment based upon our performance in the prior year and how it compares to national averages in certain areas such as collections of current and past due child support. This amount was available to use for matching additional federal funds prior to the passage of the Deficit Reduction Act of 2006. The Act allows us to again use the incentive as match in the Child Support program for FFY 2009 and FFY 2010.

If $1,292,000 of SFY 2010 general funds used to electronically scan existing Child Support case files:

	GF reverted	GF retained	Add'l FF Authority
SFY 2009:	$1,271,900	$0	$1,271,900
SFY 2010:	$403,800*	$1,292,000*	$4,203,800*

If the Child Support program *does not* electronically scan case files in SFY 2010:

	GF reverted	GF retained	Add'l FF Authority
SFY 2009:	$1,271,900	$0	$1,271,900
SFY 2010:	$1,695,800*	$0	$1,695,800*

**NOTE: SFY 2010 assumes same level of CSE Incentives earned as 09, about $2.6M annually.*

Timeframe for receipt of funds: 10/01/08 through 9/30/10

Existing or new federal program: Existing

State funding impact:

If the $1,292,000 of SFY 2010 general funds used to electronically scan existing Child Support case files, the general fund impact (GF) is:

SFY 2009 GF: $1,271,900
SFY 2010 GF: *$403,800 (estimate)*

If the program is maintained to original budget, the general fund impact is:

SFY 2009 GF: $1,271,900
SFY 2010 GF: *$1,695,800 (estimate)*

Additional federal spending authority required:

If the $1,292,000 of SFY 2010 general funds used to electronically scan existing Child Support case files:

SFY 2009 GF: $1,271,900
SFY 2010 GF: *$4,203,800 (estimate)*

If the program is does not increase one-time funding:

SFY 2009 GF: $1,271,900
SFY 2010 GF: *$1,695,800 (estimate)*

Additional FTE and purpose:
For SFY 2010, the Division plans on obligating $1,292,000 of General Funds resulting from the Stimulus to fund a one-time project of electronically scanning existing Child Support case files. This will make the Child Support bureau have all case documents available electronically statewide thereby improving efficiencies, mitigate customer service delays due to mishandled documents, and help manage an ever growing caseload with existing resources. The one-time contract will create jobs for the vendor selected to handle the electronic scanning of documents for over 100,000 cases, resulting in over one million imaged documents.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): Must be spent within each quarter – there is no carry over of these funds, as the Federal Financial Grant reports automatically credit the Department for the incentives.

Federal funds end date: Incentive matching is proposed to end September 30, 2010. After this date, the Division will need the General Funds restored, or significantly curtail Child Support Operations.

Spending plan to include how the agency will address the absence of funding after it ends:
The Division will request that the General Funds be restored to the program for SFY 2011.

Program: Physical Health – Women Infant and Children (WIC) Program

Location in Bill (Title & Section): Division A, Title I, Special Supplemental Nutrition Program for WIC

Application Required: Funds for increased participation and food costs will not likely require an application. "Application" for management information system (MIS) may only require reactivation of previously approved plan.

Amount of Federal funding anticipated:
Nationwide allocation:

- $400,000,000 to be placed in reserve to ensure the WIC program will have adequate funds to cover potential increased participation or food costs as a result of economic uncertainty.
- $100,000,000 to help state agencies implement new management information systems (MIS) or improve existing systems.

Estimated Statewide allocation: State-specific estimates were not published in the Act nor have they been provided by the federal government. Idaho's estimated need for the WIC Program is $5.4 million:

- $3 million for increased program participation and food costs for SFY2009
- $2.4 million for replacing the antiquated WIC management information system

Timeframe for receipt of funds: Assuming 10/1/2008 to 12/31/2010

- $3 million for increased program participation and food costs
  SFY 2009 - $3,000,000
- $2.4 million for replacing the antiquated WIC management information system
  SFY 2010 - $2,150,000
  SFY 2011 - $250,000

Existing or new federal program: Existing

State funding impact: No impact

Additional federal spending authority required: Yes, additional operating and T&B authority may be required - refer to timeframe for receipt of funds above.

Additional FTE and purpose:

- No additional FTE required for WIC clinical services/food.
- Development of MIS may require contract services.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):
Funds to be utilized for WIC participation or food costs and WIC management information systems only.

Federal funds end date: 12/31/2010

Spending plan to include how the agency will address the absence of funding after it ends:

- WIC is 100% federally-funded. USDA typically awards WIC participation funds based on caseload and food cost projection needs. In the future, if federal grant funds are not sufficient to cover increased participation or food costs, individuals eligible for WIC benefits may need to be put on a waiting list.
- The Idaho WIC Program will be asking for $2.4 million dollars to fund the development and oversight of a new WIC computer system. These expenses are one-time.

Program: Physical Health – Immunization Program – Section 317

Location in Bill (Title & Section): Division A, Title VIII, Prevention and Wellness Fund

Application Required: Funds will likely be granted through a supplemental funding request.

Amount of Federal funding anticipated:
Nationwide allocation: $300,000,000 shall be transferred to the Centers for Disease Control and Prevention (CDC) to carry out the immunization program.

Estimated Statewide allocation: $2,943,000 per Conference Allocation spreadsheet dated 2/18/09.

Timeframe for receipt of funds: Assuming 10/1/2008 to 6/30/2010
SFY 2009 – $23,800
SFY 2010 - $2,919,200

Existing or new federal program: Existing

State funding impact: No impact

Additional federal spending authority required:
Additional authority will be required - refer to timeframe for receipt of funds above.

Additional FTE and purpose: None

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):
Section 317 funding cannot be used for research, clinical care, furniture or equipment, requests not directly related to immunization activities, or construction. In addition, vaccines acquired through 317 Funding may not be administered to persons eligible for the Vaccine for Children (VFC) Program.

Federal funds end date: 12/31/2010

Spending plan to include how the agency will address the absence of funding after it ends:
Idaho is losing general fund support of vaccines in FY2010, becoming VFC-only (federal funds for specific groups of children). Idaho proposes to utilize this new 317 Funding to purchase vaccines for the population of children (0-18 years of age) not eligible for VFC vaccine. Maintaining this "universal select" status (supplying most vaccines to *all* children) will allow the Immunization Program a year of working with health care providers, schools, parents, care givers, and insurers to assist with immunization access issues during the transition to VFC-only status.

Program: Food Stamp Benefits

Location in Bill (Title & Section): Division A, Title I, Sec 101

Application Required: No

Amount of Federal funding anticipated:
13.6% increase in Food Stamp benefits for clients. These benefits are 100% federally funding, and do not pass through the Department's appropriation.

Timeframe for receipt of funds:
Idaho Food Stamp clients will see their benefits increase effective April 1, 2009.

Existing or new federal program: Existing

State funding impact:
None. The Stimulus also provides increased subsidy benefits for clients on the program. However, these benefits are 100% federally funded and flow directly from the federal government to the client. The average monthly benefit in Idaho is $110.70 per month. The Stimulus Act will increase the monthly allotments by 13.6%, bringing the monthly benefit to an estimated $125.76. In SFY 2008, Idaho distributed over $109 million in Food Stamp benefits to clients. A client's benefit is tied to their eligibility level, and ranges from $2 per month to over $800 per month.

Additional federal spending authority required:
None

Additional FTE and purpose:
None.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):
None. Further guidance on implementation is being determined by the federal Department of Agriculture.

Federal funds end date: None- current interpretation is the 13.6% benefit increase to clients does not sunset, but the federal government will not effect a Cost-Of-Living-Adjustment (COLA) for Food Stamp benefits in October 2009 due to the Stimulus impact.

Spending plan to include how the agency will address the absence of funding after it ends:
N/A

Program: Food Stamp Admin

Location in Bill (Title & Section): Division A, Title I, Sec 101

Application Required: No

Amount of Federal funding anticipated:
FFY 2009: $550,000 for Idaho
FFY 2010: $550,000 for Idaho

Timeframe for receipt of funds: 10/1/08 to 9/30/10

Existing or new federal program: Existing

State funding impact: None.

Additional federal spending authority required: None

Additional FTE and purpose:
The Division proposes hiring additional state temporary staff to perform Food Stamp case reviews, thereby ensuring accuracy and timeliness requirements despite increased applications. Concerning accuracy, the Stimulus increases the minimum reportable error threshold from $25 to $50, which means that a greater margin of error is allowed on case reviews by the federal government due to the substantial increase in application processing nationally. This threshold increase expires 9/30/09.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): No MOE mentioned in final bill, further guidance should be forthcoming from the US Dept. of Agriculture.

Federal funds end date: 9/30/2010

Spending plan to include how the agency will address the absence of funding after it ends:
Funds provided to mitigate increased Food Stamp Admin costs as a result of significant national caseloads. Funds likely to offset increased Electronic Benefit Card fees to DHW, increased case reviews, additional field worker time spent processing applications, etc.

Program: Dept. of Energy Weatherization

Location in Bill (Title & Section): Division A, Title IV, Sec 407

Application Required: No

Amount of Federal funding anticipated:
FFY 2009-2010: $31,470,000 for Idaho *(estimate)*
(NOTE: other sources have an estimate of $35M for Idaho; final amount will be determined by the Dept. of Energy when they grant the award)

Timeframe for receipt of funds:
Unknown; could be made available by May 2009.

Existing or new federal program: Existing

State funding impact:
None. These funds are contracted to the Community Action Agencies who perform Weatherization improvements on residences throughout Idaho. It is estimated that those CAAs would need to double their staffing dedicated to Weatherization – 73 staff to a new total of 146 staff. In addition, the CAA's have 133 contractors that do HVAC, plumbing, electrical, glass, and insulation work. Current estimate is that the number of contractors will also have to be doubled to 266.

Additional federal spending authority required:
Depending on receipt of funds, $31.47M to $35M authority needed between SFY 09 & SFY 10. The existing base appropriation with the Division is $2.0M for this grant.

Additional FTE and purpose:
The Department would set aside federal admin monies out of the stimulus to ensure coordinated, efficient, and effective distribution of assistance to eligible Idaho households and obtain or improve automation where practical.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):
None – stimulus award held to the same federal requirements as the regular Dept. of Energy grant. The Weatherization Assistance Program provides Department of Energy- approved measures to low-income households in order to increase energy efficiency and decrease energy burden. This program is available year-round to eligible home owners and renters. Household eligibility is based on income, which is raised from 150% to 200% of current poverty level by the Stimulus. Additionally, the Stimulus increases the base award for each residence from $2,500 per unit to $6,500 per unit.

The Division is evaluating the process to request a rule change to remove the link for DOE Weatherization eligibility from LIHEAP (Low Income Home Energy Assistance Program) Weatherization eligibility. The Stimulus does not impact the LIHEAP program, but current LIHEAP Weatherization eligibility is 165% of poverty. Because the Stimulus increased the DOE award to 200%, a rule change is necessary to follow federal regulation. Additionally, further guidance has been requested to determine the process of how to retroactively apply the new DOE eligibility rate to applicants since 10/1/2008.

Federal funds end date: 9/30/2010

Spending plan to include how the agency will address the absence of funding after it ends: Funds contracted to CAA's will be done so on a one-time basis to assist with their effort for distributing additional Weatherization funds. It is estimated that there will be current jobs sustained and new ones created within the Community Agencies as part of the Weatherization effort. When the stimulus funds are exhausted those Community Agencies will likely reduce personnel to scale operations to the lower funding amount.

Program: Community Services Block Grant

Location in Bill (Title & Section): Division A, Title VIII, Children and Families Services Programs

Application Required: No

Amount of Federal funding anticipated:
FFY 2009-2010: $4,946,000 for Idaho

Timeframe for receipt of funds:
Unknown; could be made available by May 2009.

Existing or new federal program: Existing

State funding impact:
None. By federal requirement, these funds are contracted to the Community Action Agencies (CAA's) who perform activities that assist low-income families in 4 priority areas: increased access to housing, jobs, health care, and nutrition assistance.

Additional federal spending authority required:
Depending on receipt of funds and ability to contract out monies, $4.9M authority needed between SFY 09 & SFY 10.

Additional FTE and purpose:
None.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):
5% of the award will be required to be set aside to promote enrollment in services that meet the 4 priority areas mentioned above. The Stimulus also increases the eligibility level from 125% of poverty to 200%.

Federal funds end date: 9/30/2010

Spending plan to include how the agency will address the absence of funding after it ends:
Funds contracted to CAA's will be done so on a one-time basis to assist with their effort for distributing additional CSBG funds. When these funds are exhausted, the CAA's will reduce the scale of their operations in accordance with the regular (lower) funding amount.

Program: Child Care

Location in Bill (Title & Section): Division A, Title VIII, Administration for Children and Families, Payments to States for the Child Care and Development B

Application Required: No.

Amount of Federal funding anticipated: SFY 2009: $11,946,000

These additional federal monies will be used to meet Child Care subsidy expenditures and caseload growth when the economy improves. Additionally, the Division has recommended using these Stimulus funds as a one-time FFY 2010 replacement for the normal TANF transfer of $8.7M. This will keep more funds in the TANF grant for FFY 2010, which have no expiration date.

Timeframe for receipt of funds:
Unknown, likely to be awarded during SFY 09.

Existing or new federal program: Existing

State funding impact:
None. The Division already reverted available general funds previously used for Child Care Matching grants to meet the 6% holdback.

Additional federal spending authority required: None

Additional FTE and purpose:
If the Child Care subsidy caseload does not increase as expected, and in the unlikely event that these funds thereby become in danger of expiring, the Division will contract out 1-time Child Care quality activities to contractors. These quality activities include resource and referral to clients, Child Care provider eligibility and enrollment in the Idaho Child Care Program. (ICCP), managing a professional development system for Child Care providers, performing health and safety inspections, among others.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):
Terms of award allow 2 years to obligate, and an additional year to liquidate for a total of 36 months to spend. Additionally, 4% of the award must be spent on quality efforts to the program.

Federal funds end date: The award is a lump sum, one-time award.

Spending plan to include how the agency will address the absence of funding after it ends:
These funds are being treated as one-time, so the Division is not creating new programs to spend the Child Care stimulus but will temporarily expand contracted operations.

Program: Temporary Assistance for Needy Families (TANF) Extension of Supplemental Funds

Location in Bill (Title & Section): Division B, Title II, Subtitle B, Sec 2012

Application Required: No

Amount of Federal funding anticipated:
FFY 2010: $3,498,046 for Idaho

Timeframe for receipt of funds:
Available 10/1/09 for FFY 2010

Existing or new federal program: Existing

State funding impact: None.

Additional federal spending authority required:
None. The Department has received these supplemental funds every year since 1996. The spending authority for these funds is already in the base appropriation.

Additional FTE and purpose:
None.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):
TANF monies must be spent on activities that meet one or more of the 4 purposes of TANF:

1. To provide assistance to needy families so that children bay be cared for in their own homes or in the homes or relatives
2. To end the dependence of needy parents on govt. benefits by promoting job preparation, work, and marriage
3. To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies
4. To encourage the formation and maintenance of two parent families.

The Department has historically transferred 4.25% of TANF funds to the Social Services Block Grant (SSBG) and 25.75% to the Idaho Child Care Program (ICCP). These transfers must be spent on activities allowable to those programs.

Federal funds end date: None. These are available until spent.

Spending plan to include how the agency will address the absence of funding after it ends:
This action delays the TANF program funding shortfall, which has been known to the Department, the Division of Financial Management (DFM), and the Legislative Services Office (LSO).

Program: Temporary Assistance for Needy Families (TANF)
Emergency Caseload

Location in Bill (Title & Section): Division B, Title II, Subtitle B, Sec 2101

Application Required: Yes – The state can request these additional funds if they have a caseload increase in the cash subsidy program (TAFI) or increased costs related to subsidized employment.

Amount of Federal funding anticipated:
FFY 2009: *336,000 estimated if requested for cash subsidy program.*

Timeframe for receipt of funds:
Unknown – possibly awarded in quarter requested.

Existing or new federal program: Existing

State funding impact: None.

Additional federal spending authority required: None.

Additional FTE and purpose: None.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): There is a 20% state match requirement on these emergency funds.

Federal funds end date: Unknown.

Spending plan to include how the agency will address the absence of funding after it ends:
At this point the Department is not planning on applying for Caseload Emergency funds. Additional caseload may also be funded temporarily if the Department does not make the $8.7 million transfer from the TANF program to the Child Care program during SFY 2010 (see Child Care page in this document).

Program: Temporary Assistance for Needy Families (TANF)
Caseload Reduction Credit

Location in Bill (Title & Section): Division B, Title II, Subtitle B, Sec 2101

Application Required: No

Amount of Federal funding anticipated:
None

Timeframe for receipt of funds:
None

Existing or new federal program: Existing

State funding impact:
Likely to be a 'penalty-avoidance' change to TANF rules. The federal government provides incentives to reduce TANF caseloads. Should the Department choose to request 'Emergency Funds' due to an increase in cash subsidy caseload of TAFI, (Temporary Assistance for Families in Idaho), then the federal credit for reducing caseloads will be re-set to not penalize the state for the increase.

Additional federal spending authority required: None.

Additional FTE and purpose:
None.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): N/A.

Federal funds end date: N/A.

Spending plan to include how the agency will address the absence of funding after it ends:
N/A

Program: The Emergency Food Assistance Program (TEFAP)

Location in Bill (Title & Section): Division A, Title I, Dept. of Ag, Food & Nutrition Service, "Commodity Assistance Program"

Application Required: No

Amount of Federal funding anticipated:
FFY 2009-2010: $400,000 for Idaho.

Timeframe for receipt of funds:
Unknown

Existing or new federal program: Existing

State funding impact:
None. Current interpretation of award is to allow the Federal Department of Agriculture to spend an additional $400k on transporting/housing/storing emergency food stocks to Idaho residents. These monies are not anticipated to pass-through the Department, and the Department will not be required to report on these funds.

Additional federal spending authority required: None.

Additional FTE and purpose:
N/A

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): N/A

Federal funds end date: N/A.

Spending plan to include how the agency will address the absence of funding after it ends:
N/A

Program: Medicaid – Disproportionate Share Hospital (DSH) Allotment Increase

Location in Bill (Title & Section): Division B, Title V, Section 5002

Application Required: No

Amount of Federal funding anticipated: No additional federal funds for SFY09. The Act provides for a 2 ½ % increase in SFY10 and another a 2 ½ % increase in SFY11. Estimated federal funds from this provision are estimated at $390,000 and $399,800 for SFY10 and SFY11, respectively.

Timeframe for receipt of funds: 10/1/08 through 12/31/10

Existing or new federal program: Existing

State funding impact: Impact is incorporated with the total state funds from the FMAP impact (see appendix B).

Additional federal spending authority required: No, the SFY10 additional federal is included with the total federal funds from the FMAP impact.

Additional FTE and purpose: None

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): No additional requirements.

Federal funds end date: 12/31/10

Spending plan to include how the agency will address the absence of funding after it ends: At this time, we do not know the impact on DSH after the stimulus period ends. However, we anticipate the state match will be paid by the hospitals resulting in no impact to the Department.

Program: Infant Toddler Program

Location in Bill (Title & Section) Division A, Title VIII, Special Education, H. R. 1—68-69

Amount of Federal funding anticipated:
SFY 2010: $1,179,800
SFY 2011: *$1,179,800**

**NOTE: Availability of funds based on state funding formula developed by U.S. Dept. of Education, SFY annual amounts assume an equal split of the estimates published by the U.S. Dept of Education at this time. There is a potential 15% increase both years due to a reallocation if states don't exercise an option for serving birth through age 5. That option requires a total 15% set aside and allows for a reallocation to other states if it remains unused.*

Timeframe for receipt of funds:
Assume due to "school year" language for Dept. of Ed. Funds that first funds are to be awarded July 1, 2009. Language in bill is not specific.

Existing or new federal program: Existing.

State funding impact: None as Non-substitution and Non-supplant clauses remain in effect. *To avoid increased expectations for services and assure sustainability of activities within existing budget, all funds are directed to one time activities or equipment.*

Additional federal spending authority required: Additional federal authority will be required in the amounts noted above.

Additional FTE and purpose: None

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): IDEA, Part C, Section 640 Non-Substitution language in effect as well as regulations at § 303.124 Prohibition Against Supplanting. *Questions are pending regarding any allowable waiver to MOE and Part C access to Education Stabilization funds for MOE replacement.*

Federal funds end date: *There is language in the bill that allows spending of unspent funds into the succeeding fiscal year so assume we will have the same 27 month spend down period allowed in all our Part C federal grants. If this assumption proves accurate, first year funds will remain available until September 30, 2011 and year 2 funds until September 30, 2012.*

Spending plan to include how the agency will address the absence of funding after it ends: All expenditure of funds will be 'one-time' in nature so as not to create service obligations/expectations or to commit monies after the stimulus.

Data System Enhancement *to improve services to children. Information about the care and treatment of children is currently maintained in a paper system. The multi-disciplinary team of therapists providing home-based care does not have online access to an electronic record containing all the information about services to specific children. Many of those providing therapy are contracted personnel who must come to the Department office to complete reports and progress notes and must spend time in meetings with other personnel to stay updated on client progress. With a web-based electronic record, therapists working together can stay current on the activities of each discipline to improve coordination and effectiveness of the various disciplines. Therapists will be able to access the child record from any work station. Based on the experience of other states, therapists were able to increase time with families because they spent less time in meetings and completing paper documentation.*

The data system will be designed for comprehensive service data, full interface or inclusion of fee and billing capacity and complete upgrade to current system for receipting and processing claims. (Business requirements and scope have not been completed so this is rough estimate.) Ongoing maintenance of the enhanced data and billing system will be covered by existing Part C grant funds; potential exists for increased receipts collection through new system to partially offset system maintenance costs. ***$777,200***

Contract:	*Project Coordination IT Design, Development, UAT, Training; Data Conversion manpower at regional offices*	*$ 767,200*
Operating:	*Employee Travel, Field Input to Application*	*$ 10,000*

Training Initiative *to implement Statewide Training Plan for Evidence Based Practices, Service Coordination Rule changes, and data system roll-out. Currently the Infant and Toddler Program has no standardized training infrastructure. With the proposed funds, the program can develop online training options, in-house train-the-trainer capacity, and work with university partners to enhance the training curriculum for specialty therapies like occupational therapy, physical therapy and speech therapy, especially to enhance their skills in working with parents and other evidence based approaches. These strategies will support ongoing training in future years without ongoing funding. This includes specific training on conducting feeding evaluations and interventions. Initiative includes development of curriculum to promote evidence based practices and independent study modules for future use by existing personnel.* ***$405,000***

Contract:	*Training and consultation*	*$ 387,000*
Operating	*Materials, Employee Travel, Training Rooms, Refreshments*	*$ 18,000*

Electronic Ages and Stages System *for Developmental Monitoring to convert from paper system to web-based system. Ongoing maintenance costs within existing budget for required child find activities.* ***$ 20,000***

Operating:	*Purchase Software package(s)-statewide use*	*$ 20,000*

Implement Secure Beginnings Credentialing and Personnel Dev. System *for infant and early childhood mental health quality services. This is a one time set-up of system for public and private sector provider access to meet proposed quality personnel standards.* ***$412,000***

Contract:	*Credential Development, Training and Consultation*	*$ 362,000*
Contract:	*Purchased Michigan Endorsement System*	*$ 30,000*
Operating:	*Materials/Publications, Training, Stipends, Travel*	*$ 20,000*

Automated ABR Equipment *for hearing screening for statewide use to replace dated Oto Acoustic Emissions equipment for screening newborns, infants and toddlers. One time purchase to meet future equipment needs.* ***$264,900***

Contract:	*Training by Audiologist*	*$ 12,400*
Capital:	*Purchase 14 ABR screening units*	*$ 252,500*

Loaners Hearing Aides for Infants: *Restock Idaho School for the Deaf and the Blind loaner bank with digital aides and FM amplification systems for young children eligible for early intervention.* ***$ 50,000***

Evaluation protocol and electronic scoring software *for eligibility determinations and report development. One time acquisition of testing materials and software, future replacement over time addressed in existing budget.* ***$ 20,000***

Operating:	*Purchase testing materials and scoring software*	*$ 20,000*

Translations software *to reduce future costs for required translation of evaluation reports and Individualized Family Service Plans.* ***$ 6,000***

Operating:	*Purchase translations software for 7 regions*	*$ 6,000*

Time Study *to evaluate personnel costs, workload, caseload data. Secure contract to conduct study, analyze data, and prepare report.* ***$ 40,000***

Contract:	*Secure contract for study*	*$ 40,000*

Public Awareness materials *and forms as required for Part C component. Redesign, produce, and stock necessary program brochures, developmental checklists, forms, web layout and printing volume of newly developed Early Learning Guidelines and collateral materials for parents and other caregivers.* ***$ 35,000***

Contract: Design, Layout and Printing services $ 35,000

Telecommunication System *for video conferencing, tele-visiting with families. In many rural areas, contractors and staff are driving long distances to serve parents and children in their home. Through tele-visiting options, some services can be enhanced and supported through the use of technology in lieu of a long drive to an outlying field office. Team consultation and meeting support also can be more efficient and effective through the use video conferencing. Expand field office sites beyond existing Behavioral Health system and expand capacity for 9 additional field and 2 central offices site connection capacity.* ***$ 259,500***

Capital: Purchase system components for each site.

Regional Educational and Developmental Supplies *for updated materials for regional lending libraries and new and improved developmental supplies including equipment and developmental toys.* ***$ 70,000***

Program: Victims of Crime Act (VOCA) Assistance Formula Grant
Council on Domestic Violence and Victim Assistance

Location in Bill (Title & Section): Division A, Title II, Department of Justice

Application Required: Some documentation may be required to be submitted.

Amount of Federal funding anticipated: Based on current allocation formula, approximately $598,000 may be available to Idaho. The VOCA award is a formula based grant. It is not yet apparent whether a simple straight state population percentage or a base plus population percentage will be used to calculate the state allocations. This estimate uses the base plus population percentage. Of the $100,000,000 VOCA stimulus, $47,500,000 is allocated to victim assistance grants, and the remainder will be allocated to victim compensation and discretionary grants.

Timeframe for receipt of funds: The funds will be added to the existing formula grants which are usually received every May. It is unknown at this time how the additional funds will be split between fiscal years 2009 and 2010.

Existing or new federal program: Existing. Distribution will be based on a funding formula.

State funding impact: None.

Additional federal spending authority required: Current T&B appropriation is sufficient. However, if the funds increase the amount of administrative costs allowed, an increase to federal personnel authority may be needed.

Additional FTE and purpose: None.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): No general fund match is required. Under the current formula grant, sub-grantees are required to provide a 20% in-kind match.

Federal funds end date: At this point, it is unclear whether the deadline of 9/30/10 represents the date by which the funds must be awarded to the State, obligated by the State, or spent by the sub-grantees.

Spending plan to include how the agency will address the absence of funding after it ends: The funds will be used to supplement subgrants over the next couple of years and/or extend the life of the awards (the 4 year awards are currently subgranted over 2 to 3 years). No additional obligations will be made.

Program: Medicaid - Provider Health Information Technology (HIT) Adoption and Operation Payments; Implementation Funding

Location in Bill (Title & Section): Division B, Title IV, Subtitle B, Section 4201 – Medicaid Provider HIT Adoption and Operation Payments; Implementation Funding

Application Required: No

Amount of Federal Funding Anticipated:

Funding available for purchasing and implementation of certified HER systems (Medicaid): 100% federal funds for eligible providers - cover average allowable costs (determined by the Secretary) - attributable to payments to Medicaid providers to encourage the adoption and use of certified Electronic Health Records (EHR). Will allow for coverage up to $25,000 of the net allowable costs for the 1st year for the purchase and initial implementation or upgrade and support services including training. Subsequent year payment not to exceed $10,000 for the average cost relating to operation, maintenance and use of the technology – over a period not to exceed 5 years.

90% federal match for state costs expended each quarter that are attributable to payments for reasonable administrative expenses related to the administration of payments for EHR.

Eligible providers:

- Physician, dentist, certified nurse mid-wife, nurse practitioners and physician assistant practicing in a Rural Health Clinic (RHC) or Federal Qualified Health Clinic (FQHC) that is led by a physician assistant.

- Not hospital based and has at least 30% patient volume that is covered under title XIX medical assistance.

- Not described above – who is a pediatrician and not hospital based, and at least a 20% patient volume that is covered under title XIX medical assistance.

- Who practices predominately in an RHC or FQHC and at least 30% of their patient volume is attributable to needy individuals (Title XIX, Title XXI, uncompensated care).

- A children's hospital

- An acute-care hospital with a patient volume of at least 10% covered under title XIX medical assistance.

HIT Incentive and Penalty Program (Medicare): ARRA provides financial incentives through the Medicare Part B program to encourage physicians to adopt and use qualifying EHRs in a meaningful way. Meaningful use of EHRs will be defined by HHS during the rulemaking process and may include reporting requirements on quality measures. ARRA also authorizes HHS to provide competitive grants to states to make loans available to health care providers to assist them with HIT acquisition and implementation costs.

Physicians (non-hospital based) are eligible for Medicare incentive payments based on an amount equal to 75% of the allowed Medicare Part B charges, up to a maximum of $18,000 for early adopters whose first payment year is 2011 or 2012. The Secretary of HHS will define the reporting period(s) with respect to a payment year. Incentive payments would be reduced in subsequent payment years, eventually phasing out in 2016. Physicians who do not adopt/use an EHR system before 2015 will face a reduction in their Medicare fee schedule of -1% in 2015, -2% in 2016, and -3% in 2017 and beyond. The Secretary of HHS has the authority to make exceptions to this reduction on a case-by-case basis for physicians who demonstrate significant hardship (e.g., a physician who practices in rural areas without sufficient Internet access).

Note: Physicians in rural health professional shortage areas who adopt/use EHRs are eligible to receive a 10% increase on the incentive payment amounts described above.

Physicians who report using an EHR system that is also capable of e-prescribing will no longer be eligible for the e-prescribing bonuses established by the "Medicare Improvements for Patients and Providers Act" (MIPPA); they will be eligible for HIT incentives only to avoid "double-dipping." Also, e-prescribing penalties sunset after 2014, so that no physician will be subject to penalties for failing to both e-prescribe and use an EHR.

Administration: 90% federal match for state costs expended each quarter that are attributable to payments for reasonable administrative expenses related to the administration of payments for EHR. In order to be provided federal financial participation a state must demonstrate to the satisfaction of the Secretary that the state:

- Is using funds for the purpose of administering payments for EHR, including meaningful use by Medicaid providers.
- Conducting adequate oversight of the program including routine tracking of meaningful use attestations and reporting mechanisms.
- Pursuing initiatives to encourage the adoption of certified EHR to promote health care quality and the exchange of health care information.

Timeframe for receipt of funds: Federal appropriation: $40,000,000 for each of fiscal years 2009 through 2015 and $20,000,000 for fiscal year 2016 – available for the purposes of carrying out provisions of section 4201. Funds are available until expended.

Existing or new federal program: New

State funding impact: 10% of 1 limited service FTE

Additional federal spending authority required: Yes – 90% of 1 limited service FTE and for the amount of federal incentive payments to providers.

Additional FTE and purpose: 1 limited service FTE to market and monitor the program – consider the relationship with the current Idaho Health Data Exchange program. Cost = 90% federal, 10% state.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): Eligible providers must pay 15% of net costs. The Department is unsure at this point how this will be administered. Additionally, eligible providers (not hospitals) must waive their rights to Medicare HIT incentives.

Federal funds end date: For implementation of system – must occur prior to 2016. For operations and maintenance – must occur prior to 2021.

Spending plan to include how the agency will address the absence of funding after it ends: Program ends with end of funding

Program: State Grants to Promote Health Information Technology

The Department feels the following programs are eligible under this section:

- Idaho Health Data Exchange
- State Hospitals
- Mental Health and Substance Abuse Disorders
- Behavioral Health Data Integration Infrastructure

Location in Bill (Title & Section): Division A, Title XIII – Health Information Technology, Section 3013

Application Required: Yes - Grants

Amount of Federal funding anticipated:

Nationwide: For an amount for "Office of the National Coordinator for HIT" $2,000,000,000 to carry out Title XIII of this Act, to remain available until expended, provided further that $300,000,000 is to support regional and subnational efforts towards HIT.

Idaho Health Data Exchange - $15,000,000

The Idaho Health Data Exchange (IHDE) is Idaho's statewide health information exchange project. The IHDE will connect 42 hospitals, reference laboratories, imaging centers and at least 1,500 health care providers enabling them to exchange clinical information to improve the quality and coordination of care in Idaho. Phase one of the project is underway with work to establish connections to three hospitals and two reference laboratories in progress. Some Boise area providers are already using the Exchange e-prescribing functionality.

This one-time grant funding will be used to accelerate the connection of hospitals and health care providers to Idaho's Exchange. Ongoing funding for the effort will come from fees collected from participating hospitals, laboratories, imaging centers, payers and health care providers.

The Idaho Health Data Exchange Corporation is a non-profit 501(c)(6) established to provide governance for the development and implementation of Idaho's Exchange. The IHDE is the work product of Idaho's Health Quality Planning Commission.

The Exchange is coordinating its work with such complementary efforts as the St. Luke's Magic Valley Ambulatory Electronic Medical Records Initiative.

State Hospitals - $623,000

Cost includes initial configuration, training, implementation and first year of annual maintenance and support for the following in priority order:*

$116,000 -- Document Manager

- A multi-user electronic document management application that is fully integrated with VistA allowing for the scanning, storing and retrieval of clinical and administrative documents

$137,000 -- Clinical Note Templates

- A multi-user application allowing for consistent and compliant progress notes

$137,000 -- Mental Health Suite

- Multi-user fully integrated with VistA application that automates the process for producing updating and managing of Multi-disciplinary treatment plans

$116,000 -- Release of Information

- Fully integrated with VistA, multi-user application that automates the entire process of managing electronic medical record release of information requests.

$68,000 -- Laboratory

- Fully integrated with VistA, multi-user application that provides for the direct interface of diverse laboratory devices to load data into VistA

$49,000 -- Dietary and Nutrition

- Fully integrated with VistA, multi-user in-hospital application that allows for the customization of an individual's dietary and nutritional needs; inventory management and recipes are a part of the application

* VistA modules cost estimates from 2010 budget development plus 8% inflation. Annual cost maintenance and support YR2+ (to be paid from hospital base budgets)

<u>Mental Health and Substance Abuse Disorders - $444,000:</u>

$74,000 – Electronic Health Record (Adult Mental Health and Substance Use Disorders)

- Create and complete electronic health record for both Mental Health and Substance Use Disorders through additional process configuration of the WITS software

$250,000 – Training and Documentation

- Training and documentation on data systems. (includes training for Mental Health staff and Substance Use Disorder providers who opt to use system.)

$120,000 – Electronic Health Record (Children's Mental Health)

- Modifications required to add Children's Mental Health to the WITS software thereby allowing for a complete EHR for children.

Behavioral Health Data Integration Infrastructure - $920,000:

$250,000 -- Data Warehouse

- Integrated Data Repository allowing for improving the efficiency and accuracy of all data collected within the Outpatient and Hospital systems and upgrading three Hospital in-house developed applications to accept data from VistA. (1) Serious Event Recording Program (SERP), (2) Patient Rights, and (3) Patient Participation.

$50,000 -- Interface Hospital Data with Mental Health and Substance Use Disorder Data

- Interface between VistA and Adult Mental Heath and Substance Use Disorder software by creating the necessary HL-7 records for import and export

$620,000 – IT infrastructure

- This cost includes the replacement of cable, routing and network switches, which have degraded over time and are near the end of their operational life. Also, additional backup equipment to improve redundancy and are needed for business continuity and disaster recovery.

Timeframe for receipt of funds: There is authorized to be appropriated such sums as may be necessary for each of the fiscal years 2009 through 2013.

Existing or new federal program: New

State funding impact:

State match requirements:

- For any fiscal year before fiscal year 2011, the Secretary may determine the extent to which there shall be required a non-Federal contribution from a State receiving a grant under this section.
- For fiscal year 2011, not less than $1 for each $10 of Federal funds provided under the grant.
- For fiscal year 2012, not less than $1 for each $7 of Federal funds provided under the grant.
- For fiscal year 2013 and each subsequent fiscal year, not less than $1 for each $3 of Federal funds provided under the grant.

Note: State Hospital North has general funds in base appropriation for match. Match could be existing FTE, labor cost such as trained specialists and super users who support VistA EMR and users at the local level, and state funds in base budgets for annual fees for contractor maintenance and support.

Additional federal spending authority required: Yes

Additional FTE and purpose: Unknown - would be somewhat dependent on the grant. The Idaho Health Data Exchange is not a government agency so there will be no state FTE required.

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.):

State match requirements (noted above).

Reports: The Secretary may require that an entity receiving assistance under this subtitle shall submit to the Secretary, not later than the date that is 1 year after the date of receipt of such assistance, a report that includes:

(1) an analysis of the effectiveness of the activities
(2) an analysis of the impact of the project on health care quality and safety.

Federal funds end date: There is authorized to be appropriated such sums as may be necessary for each of the fiscal years 2009 through 2013.

Spending plan to include how the agency will address the absence of funding after it ends:

IHDE: The grant funding will be used to create the infrastructure necessary for Idaho to participate in the authorized and secure electronic use and exchange of health information. It will be used to connect 42 hospitals, 10 independent data sources (reference labs, imaging centers, insurers) and at least 1,500 physicians across the state. This infrastructure will facilitate the adoption and utilization of health information technology in medically underserved communities.

For ongoing funding, the Idaho Health Data Exchange will collect annual participation fees from participating hospitals, laboratories, imaging centers, payers, and providers.

Behavioral Health: Any immediate funds and planning and implementation grants under the program will be used primarily for one-time or time-limited expenditures such as planning, technical assistance, hardware and software, training and quality improvement. The Division currently has funds in the base budget for data system maintenance and support and will use these funds for on-going maintenance and support of the new system.

Program: Behavioral Health – Peer support training and peer-operated independent living centers (in partnership with Vocational Rehabilitation)

Location in Bill (Title & Section): Division A, Title VIII – DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES, Rehabilitation Services and Disabilities Research

Application Required: Yes

Amount of Federal funding anticipated: Idaho: $3.3 million in state Voc Rehab grants; $300,000 in state independent living center funds. In addition, there is an additional $87.5 million in federal funds for Independent Living Centers nationally, which are normally awarded directly to the centers. Division of Behavioral Health would be requesting $500,000 for peer support training and peer operated independent living centers.

Timeframe for receipt of funds: Appropriated for FFY ending September 30, **2009**

Existing or new federal program: Existing

State funding impact: additional federal funding is 100% federal

Additional federal spending authority required: Yes

Additional FTE and purpose: No – to be contracted

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): additional federal funding is 100% federal. Will be reporting requirements.

Federal funds end date: Funded for FFY **2009**

Spending plan to include how the agency will address the absence of funding after it ends:

One time funding will continue peer support training for ACT teams and give a jump start to the establishment of peer-operated independent living centers. Centers may continue to need some funding through DHW and Voc Rehab at about $1 state to $4 federal. However, the state will realize some tax revenues and cost avoidance through rehabilitation of workers with chronic mental illness.

Program: Behavioral Health – Crisis Intervention Team Training in partnership with Courts, Idaho Sheriffs, Idaho Police Chiefs, and Idaho Fire Chiefs

Location in Bill (Title & Section): Division A, Title II—COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES, State and Local Law Enforcement Assistance

Application Required: Yes

Amount of Federal funding anticipated: $225,000,000 nationwide. The Department plans to apply for $420,000

Timeframe for receipt of funds: Now through September 30, 2010

Existing or new federal program: Existing (Byrne Justice Assistance Grants, Byrne Competitive Grants, Rural Law Enforcement Grant

State funding impact: None

Additional federal spending authority required: Yes

Additional FTE and purpose: No – service to be contracted

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): Reports required

Federal funds end date: September 30, 2010

Spending plan to include how the agency will address the absence of funding after it ends: Expenditures will be for one time costs of training. Future training costs will be covered by the cost avoidance made possible by reduced law enforcement time spent on people with chronic mental illness. By diverting people with serious mental illness from jails, CIT helps ensure that jails are used to incarcerate criminals, not people who require treatment. CIT also saves public resources by preventing people from deteriorating to the point they are incarcerated or require costly emergency services. Finally, CIT saves police time and money by creating an efficient system for transferring people from law enforcement custody to mental health treatment.

Program: State Hospital South – Food & Nutrition

Location in Bill (Title & Section): Division A, Title I, Subtitle "Food and Nutrition Service Child Nutrition Programs"

Application Required: Unknown

Amount of Federal funding anticipated: $100,000,000 in the ARRA. The Division of Behavioral Health (State Hospital South) plans to apply for $42,700 of these funds.

Timeframe for receipt of funds: April 1, 2009 through September 30, 2009

Existing or new federal program: Existing

State funding impact: Total revenues in SFY08 for the School Lunch Program were $13,829. Revenues through the first 7 months of SFY09 are $13,214. Total operating costs for Food Services (73029) was $263,343 in SFY08. The YTD costs for SFY09 are $151,468. The overall costs associated with the meals served under the School Lunch Program averages about 8% of the total Food Services costs at the SHS.

Additional federal spending authority required: None

Additional FTE and purpose: None

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): Unknown

Federal funds end date: Proposed to end September 30, 2010

Spending plan to include how the agency will address the absence of funding after it ends: It is anticipated that SHS will be able to replace food service line equipment used in administering the school lunch program. This will be a 'one-time' expense and will not require monies after the stimulus.

Program: Behavioral Health – SHS Facility Projects

Location in Bill (Title & Section): 1) Division A, TITLE I – Agriculture, Rural Development, Food and Drug Administration, and Related Agencies (Rural Community Facilities Program Account)

2) 7 U.S.C. Section 2009d RURAL DEVELOPMENT TRUST FUND

More information can be found at the following link: http://www.rurdev.usda.gov/rhs/cf/cp.htm

Application Required: Yes

Amount of Federal funding anticipated: State Hospital South; facility needs
$595,000 – Demolish "F" and "G" buildings
$570,000 – Demolish campus tunnel system
$409,000 – Remodel Patient Bedrooms in PTF
$54,000 – Replace flooring in patient bathrooms in PTF
$38,000 – Install boiler blow-down tanks in Admin Bldg and Utility Bldg
$121,000 – Replace electric duct heaters in PTF
$243,000 – Remodel patient bathrooms (Phase II) in PTF
$88,000 – Campus Facilities Master Plan
$87,000 – Upgrade fire service water distribution in Admin Bldg
$45,000 – Construct room at A-B wing corridor for Med Dispensing in PTF
$150,000 – Install fire suppression system for Med Records in Admin Bldg
$376,000 – Expansion of PTF building
$3,500 – Patient Wellness Center
$27,000 - Replace Windows, Recreation Hall, Utility Building
$24,200 - Implement Energy Savings Measure of Filling in 50% of the Window Area, Laundry
$21,000 - Connect West Elevator to Emergency Power, C Building
$30,000 - Replace Half-Wall Partitions, Patient Dayroom Areas of Treatment Units, PTF
$14,600 - Replace Wall Tile in Patient Showers, Psychiatric Treatment Facility
$30,000 - Install Energy Saving Ballasts in Light Fixtures, PTF
$23,600 - Install Perm Emergency Electrical Generator Stations, "C" Bldg, PTF and Admin Bldg
$16,000 - Fire Alarm System Retrofits and Recommissioning
$30,000 - Install Worker Fall Protection, Psychiatric Treatment Facility
$8,600 - Carpet Replacements, Group Therapy Rooms and Reception Center, PTF
$13,700 - Ventilation Equipment Upgrade, Laundry Building
$18,800 - Install Electric Meter, Psychiatric Treatment Facility, and Gas Meters, Maintenance Shop, Laundry Building, Administration Building, Utility Building, and "C" Building
$8,700 - Install Automatic Flushers on Toilets and Urinals in Public/Staff Restrooms, "C" Building, Psychiatric Treatment Facility, and Administration Building
$23,600 - Construct Cart Washing Area, Laundry Building
$14,000 - Install Shrub-Bed Curbing at Patio Fences, Treatment Units, PTF
$17,500 - Remove Old Irrigation Flume System and Old Greenhouse Foundation and Upgrade Fire Hydrant Access Lane, Campus Grounds

$10,300 - Install Auditable (Card Reader/PIN) Electronic Locks for Sensitive Record Management Rooms (HIPAA Compliance Measure), Administration Building
$10,800 - Landscape Three (3) Interior Patio Areas, Administration Building
$14,000 - Remove Rocks, Place Top Soil, Level, and Reseed "Y" Building Demolition Site, Campus Grounds
$234,000 – Replacement of Campus Telecommunication System
$160,800 - REMOVAL OF ASBESTOS-CONTAINING PIPE INSULATING MATERIALS IN PIPE CHASES, ROOMS, AND CORRIDORS OF THE UTILITY BUILDING, STATE HOSPITAL SOUTH

$3,530,700 Total funding anticipated to complete all projects listed above.

Timeframe for receipt of funds: April 2009 through Sep. 2012

Existing or new federal program: New

State funding impact: State would need to provide 5% to 25% of the overall project cost in one-time funds or guaranteed loans as outlined in the Community Facilities Program.

Additional federal spending authority required: Yes

Additional FTE and purpose: No - to be contracted project(s)

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): As outlined in Sec. 306 of the Consolidated Farm and Rural Development Act of 1972, amended (7 U.S.C. 1926), Rural Development's *Community Facilities Program* provides direct and guaranteed loan and grant assistance to assist eligible public body and/or not-for-profit applicants in providing essential community facilities and services to eligible rural areas. Eligible applicants include: A public body, such as a municipality, district, county authority, **or other political subdivision of a state**, territory or commonwealth.

Federal funds end date: Sep. 30, 2012

Spending plan to include how the agency will address the absence of funding after it ends: These funds will be used for projects requiring one-time funding and spending authority. It is expected that there will be no need for ongoing funds once these projects are completed.

Program: Behavioral Health SHN Facility Projects

Location in Bill (Title & Section): 1) Division A, TITLE I – Agriculture, Rural Development, Food and Drug Administration, and Related Agencies (Rural Community Facilities Program Account)

2) 7 U.S.C. Section 2009d RURAL DEVELOPMENT TRUST FUND

More information can be found at the following link: http://www.rurdev.usda.gov/rhs/cf/cp.htm

Application Required: Yes

Amount of Federal funding anticipated: State Hospital North facility needs

$2,131,000 Capital Construction
Multi Purpose Complex for education, maintenance & motor shop, central supply & storage

$133,000 Demolish Gem Court

$1,172,100 SHN Alteration & Repair Projects:
$490,000 AC and fan coil replacements
$60,000 Phase failure TVSS System to protect electrical system
$115,000 Door Security System
$80,000 Irrigation Water Improvements
$68,000 Seclusion Room Improvements
$80,000 Patient Recreation and Grounds improvements
$71,500 Trailer Park utilities improvements
$30,000 Engineering to study settlement of Hospital main facility
$25,800 Clean air supply and air ducts
$21,000 Expand emergency electrical panel
$60,000 Doors: replace 4 sets of double steel doors; replace undersized doors
$30,000 Replace kitchen floor
$21,000 Replace carpet
$13,800 Replace concrete sidewalks
$6,000 Replace garage doors

$102,200 Hospital Vehicles & Equipment
$31,000 Vehicles
$71,200 Equipment

SHN total request: $3,538,300

Timeframe for receipt of funds: April 2009 through Sep. 2012

Existing or new federal program: New

State funding impact: State would need to provide 5% to 25% of the overall project cost in one-time funds or guaranteed loans as outlined in the Community Facilities Program.

Additional federal spending authority required: Yes

Additional FTE and purpose: No - to be contracted project(s)

Requirements/restrictions (i.e. match, MOE, limitations, timeframes, etc.): As outlined in Sec. 306 of the Consolidated Farm and Rural Development Act of 1972, amended (7 U.S.C. 1926), Rural Development's *Community Facilities Program* provides direct and guaranteed loan and grant assistance to assist eligible public body and/or not-for-profit applicants in providing essential community facilities and services to eligible rural areas. Eligible applicants include: A public body, such as a municipality, district, county authority, **or other political subdivision of a state**, territory or commonwealth.

Federal funds end date: Sep. 30, 2012

Spending plan to include how the agency will address the absence of funding after it ends: These funds will be used for projects requiring one-time funding and spending authority. It is expected that there will be no need for ongoing funds once these projects are completed.

GENERAL FUNDS PLANNED TO BE RETAINED BY THE DEPARTMENT:

Medicaid FMAP: Due to projected deficits in Medicaid in SFY09 and SFY10, the Department requests to utilize some of the general fund savings from the change in FMAP. The Department plans to retain $21,881,600 and $38,870,900 for State Fiscal Years 2009 and 2010, respectively. These figures represent the projected deficits after holdback actions have been implemented and are reflected on Line D of Appendix B – Reconciliation of FMAP Impact.

Self Reliance/Child Support: For SFY 2010, the Division plans on obligating $1,292,000 of general funds resulting from the Stimulus to fund a one-time project of electronically scanning existing Child Support case files. This will make the Child Support bureau have all case documents available electronically statewide thereby improving efficiencies, mitigating customer service delays due to mishandled documents, and helping to manage an ever growing caseload with existing resources. More specifically, this project will reduce time spent on every on-going child support case. This time savings will enable the state to absorb caseload growth in future years.

This will be a one-time contract which will create jobs for the vendor selected to handle the electronic scanning of documents for over 100,000 cases and result in over one million imaged documents.

Child Welfare Caseload: The Department would like to retain the general fund savings from the FMAP change in the Foster & Assistance Payments program. The Department has a statistical model which correlates Food Stamp caseload growth with increasing out of home placements. The model projects a caseload increase of 9% in FY10 and as much as 22% for FY11. The general fund requirements for those increases would be $650,800 and $1,708,200, respectively.

If these general funds are retained within the Foster & Assistance Payments program, the projected FMAP benefit of $466,300 for FY10 and $233,200 for FY11 would fund caseload increases of 6.5% and 3.2%, respectively.

State Hospital South (SHS) / State Hospital North (SHN) Personnel Funds: The Department would like to restore the personnel funds removed from the holdback actions for SHS and SHN. This represents $324,700 for SHS and $423,800 for SHN. These funds will be used to fill clinical positions currently being held open. Filling these positions will allow the two institutions to maintain a higher census and limit growth in Community Hospitalization.

Adult Mental Health Personnel Funds: Behavioral Health needs to supplement prescriber coverage in Region 4 to replace coverage that was lost with the cancellation of a psychiatrist group contract. Region 4 plans reclassification of a clinical position into a prescriber - MD, Physician Assistant, or Nurse Practitioner -- but has no personnel funds to pay for this position. Currently, there is one psychiatrist to cover about 500 patients in Region 4. This ratio is too high and poses a risk to the psychiatrist and to the Department. The Department requests to utilize $205,500 of the general fund savings from the Act for this purpose.

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
APPENDIX A - FINANCIAL IMPACT SUMMARY - DEPARTMENT OF HEALTH & WELFARE

Description	Division / Title / Section	Period of Availability	Estimated Federal Fund Impact				
			SFY 2009	SFY 2010	SFY 2011	SFY 2012	Total Recovery Period
Sections with General Fund Impact (Application Not Required):							
Change in Federal Medicaid Assistance Percentage (FMAP) - Medicaid & Non-Medicaid	Division B, Title V, Section 5001	10/1/08 to 12/31/10	$ 76,498,100	$ 115,706,100	$ 63,457,700	$ -	$ 255,661,900
Child Support - Use of Incentive Bonus as State Match	Division B, Title II, Subtitle B, Section 2104	10/1/08 to 9/30/10	1,271,900	4,203,800	-	-	5,475,700
			$ 77,770,000	$ 119,909,900	$ 63,457,700	$ -	$ 261,137,600
Sections with Federal Funds for Existing Programs (Application Not Required):							
Women, Infants, and Children (WIC)	Division A, Title I, Special Supplemental Nutrition Program for WIC	10/1/08 to 12/31/10	$ 3,000,000	$ 2,150,000	$ 250,000	-	$ 5,400,000
Immunization Program	Division A, Title VIII, Prevention and Wellness Fund	10/1/08 to 6/30/10	23,800	2,919,200	-	-	2,943,000
Food Stamp (SNAP) Benefits	Division A, Title 1, Section 101	Beginning 4/1/09	6,000,000	29,000,000	29,000,000	$ 29,000,000	93,000,000
Food Stamp (SNAP) Administration	Division A, Title 1, Section 101	10/1/08 to 9/30/10	550,000	550,000	-	-	1,100,000
Department of Energy - Weatherization	Division A, Title IV, Section 407	10/1/08 to 9/30/10	15,735,000	15,735,000	-	-	31,470,000
Community Services Block Grant	Division A, Title VIII, Children and Families Services Programs	10/1/08 to 9/30/10	2,473,000	2,473,000	-	-	4,946,000
Child Care & Development Block Grant	Division A, Title VIII, Administration for Children and Families, Payments to States for the Child Care and Development Block Grant	10/1/08 to 9/30/11	-	11,946,000	-	-	11,946,000
Temporary Assistance for Needy Families (TANF) Supplemental Extension	Division B, Title II, Subtitle B, Section 2102	10/1/09 to 9/30/10	-	3,498,000	-	-	3,498,000
TANF Caseload (Emergency Funds)	Division B, Title II, Subtitle B, Section 2101	Unknown	336,000	-	-	-	336,000
TANF Caseload Reduction Credit	Division B, Title II, Subtitle B, Section 2101	Unknown	None (Penalty Avoidance)				
The Emergency Food Assistance Program (TEFAP)	Division A, Title I, Department of Agriculture, Commodity Assistance Program	Unknown	200,000	200,000	-	-	400,000
Medicaid Disproportionate Share Hospital (DSH)	Division B, Title V, Section 5002	7/1/09 to 6/30/10	-	390,000	399,800	-	789,800
Infant & Toddler	Division A, Title VIII, Special Education	7/1/09 to 6/30/11	-	1,179,800	1,179,800	-	2,359,600
Victims of Crimes Act (VOCA) Assistance Formula Grant	Division A, Title II, Department of Justice	5/1/09 to 9/30/10	299,000	299,000	-	-	598,000
			$ 28,616,800	$ 70,340,000	$ 30,829,600	$ 29,000,000	$ 158,786,400

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
APPENDIX A - FINANCIAL IMPACT SUMMARY - DEPARTMENT OF HEALTH & WELFARE

Description	Division / Title / Section	Period of Availability	Estimated Federal Fund Impact				
			SFY 2009	SFY 2010	SFY 2011	SFY 2012	Total Recovery Period
Sections with Federal Funds for Health Information Technology (HIT) Projects (Application May Be Required):							
Health Information Technology (HIT) *Medicaid Provider HIT Adoption and Operation Payments; Implementation Funding*	Division B, Title IV, Subtitle B, Section 4201	10/1/08 to 9/30/13	Unknown				
Health Information Technology (HIT) *State Grants to Promote HIT*	Division A, Title XIII, Section 3013	10/1/08 to 9/30/13	$ -	$ 16,987,000	$ -	$ -	$ 16,987,000
			$ -	$ 16,987,000	$ -	$ -	$ 16,987,000
Sections with Potential Subgrants from Other State Agencies (Application May Be Required):							
Peer Support Training and Peer-Operated Vocational Centers *Partnership with Vocational Rehabilitation*	Division A, Title VIII, Departments of Labor, Health and Human Services, and Education, and Related Agencies; *Rehabilitation Services and Disabilities Research*	Thru 09/30/09	$ 500,000	$ -	$ -	$ -	$ 500,000
Crisis Intervention Team Training *Partnership with Courts, Idaho Sheriffs, Idaho Police Chiefs, and Idaho Fire Chiefs*	Division A, Title II, Commerce, Justice, Science, and Related Agencies	Thru 09/30/10	420,000	-	-	-	420,000
State Hospital South - Food Service Equipment for School Lunch Program *Partnership with Department of Education*	Division A, Title I, Child Nutrition Programs	10/1/08 to 12/31/10	42,700	-	-	-	42,700
Facility projects for SHN and SHS	Division A, TITLE I – Agriculture, Rural Development, Food and Drug Administration, and Related Agencies (Rural Community Facilities Program Account)	4/1/09 to 9/30/12	-	7,069,000	-	-	7,069,000
			$ 962,700	$ 7,069,000	$ -	$ -	$ 8,031,700
Total Estimated Federal Fund Impact (Excludes Unknown Items)			**$ 107,349,500**	**$ 214,305,900**	**$ 94,287,300**	**$ 29,000,000**	**$ 444,942,700**

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
APPENDIX B - RECONCILIATION OF FMAP IMPACT

		SFY 2009 (3 Qtrs FMAP)	SFY 2010 (4 Qtrs FMAP)	SFY 2011 (2 Qtrs FMAP)	Total Recovery Period
	Estimated Federal Funds Required After FMAP Change - Division of Medicaid	977,601,300	1,056,813,500		
	Estimated Federal Funds Required Before FMAP Change - Division of Medicaid	(899,542,100)	(939,240,100)		
	Federal Fund Impact from FMAP Change - Division of Medicaid Only	78,059,200	117,573,400	64,665,400	260,298,000
	Impact Passed on to Schools / Public Hospitals who Provide State Match	(3,845,600)	(5,485,200)	(3,016,900)	(12,347,700)
Line A	Net Federal Fund Impact from FMAP Change - Division of Medicaid Only	74,213,600	112,088,200	61,648,500	247,950,300
	Impact to Division of Family & Community Services and the Division of Behavioral Health:				
	Idaho State School & Hospital	1,505,300	2,470,300	1,235,200	5,210,800
	State Hospital South	399,300	581,500	290,800	1,271,600
	Child Welfare	335,000	466,300	233,200	1,034,500
	Children's Mental Health	9,000	12,500	6,300	27,800
	Substance Abuse	35,900	87,200	43,600	166,700
Line B	Total Impact to the Division of FACS and the Division of Behavioral Health	2,284,500	3,617,800	1,809,100	7,711,400
Line C	Federal Fund Impact from FMAP Change to the Department of Health & Welfare (Line A - B)	76,498,100	115,706,000	63,457,600	255,661,700
	General Funds Available - Adjusted for Holdback, Rescission, Carryover (SFY10 = Gov Rec)	366,562,600	366,555,100		
	General Funds Required - Before FMAP Change, After Holdback Actions	(388,444,200)	(405,426,000)		
Line D	Projected General Fund Shortfall, Prior to FMAP Change	(21,881,600)	(38,870,900)	(61,648,500)	(122,401,000)
	Federal Fund Impact from FMAP Change to the Department of Health & Welfare (Line C)	76,498,100	115,706,000	63,457,600	255,661,700
	Projected General Fund Shortfall, Prior to FMAP Change (Line D)	(21,881,600)	(38,870,900)	(61,648,500)	(122,401,000)
	Net Funds Available to the State General Fund - Total Department	54,616,500	76,835,100	1,809,100	133,260,700
	Impact to Division of Family & Community Services and the Division of Behavioral Health (Line B	(2,284,500)	(3,617,800)	(1,809,100)	(7,711,400)
	Net Funds Available to the State General Fund - Division of Medicaid	52,332,000	73,217,300	-	125,549,300

Notes:

SFY 2011 estimates reflect 10% growth in the Division of Medicaid and 0% growth in the Division of FACS and Behavioral Health

Line D: Projected General Fund Shortfall includes a $6,237,600 adjustment to the SFY2009 budget holdback